

## REQUEST FOR ALLOWANCE

Accordingly, in view of these remarks it is submitted that claims 2-35 are patentably distinguishable from the references of record, early notice of which is earnestly solicited.

Should any issues remain unresolved, the Examiner is encouraged to telephone the undersigned at the number provided below.

Respectfully submitted,

Dated: February 3, 2004

By: 

S. Hossain Beladi, Reg. No. 42,311  
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PO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

2683

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: PA509C  
In Re Application of: Krishnamurthi et al.  
Serial Number: 09/739,923  
Filed: December 19, 2000  
Examiner: Meless Zewdu  
Group Art Unit: 2683

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.  
In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: ( ) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations (number of citations: )
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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Technology Center 2600

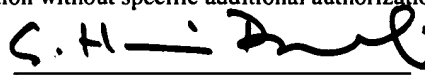
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	34	34	0	x \$18 =	\$0.00
Independent**	2	2	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0.00
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$420	\$0.00
			<input type="checkbox"/> Three Months	\$950	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$0.00

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 3, 2004

Signature: S. Hossain Beladi, Reg. No. 42,311  
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